



6 MONTH (OR OTHER PLANNED) IFSP REVIEW COVER SHEET

State Form 51840 (R / 3-05) / BCD 0112



Date of meeting (month, day, year)

Name of child	Date of birth (month, day, year)
Name of Service Coordinator	County

Policy:

In an effort to ensure that all early intervention records maintained at the SPOE office are complete, Service Coordinators will submit the following information, at one time, for an IFSP Review. This checklist must be attached in order for the modified IFSP to be data entered.

- | | |
|--|--|
| <input type="checkbox"/> Cover sheet | <input type="checkbox"/> Meeting minutes / request for authorization |
| <input type="checkbox"/> 10 day prior written notice | <input type="checkbox"/> Additional outcome pages, if needed |
| <input type="checkbox"/> IFSP outcome review page | <input type="checkbox"/> Family information update form, if needed |
| <input type="checkbox"/> Provider progress reports | <input type="checkbox"/> Change page (See *Note) |

<u>REPORTS INCLUDED</u>	<u>REPORTS NOT SUBMITTED</u>

*** Note:** If a change in service is made as a result of this meeting, the "Change Page" may be submitted to the SPOE once all necessary signatures have been obtained. Please do not submit a Change Page without the Physician's signature page if adding or increasing a service.